

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2009***(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number (Optional)

KKH-0034

Application Number 10/520,406-Conf. #5490

Filed January 6, 2005

For PROCESSING APPARATUS AND PROCESSING METHOD

Art Unit 1792

Examiner S. R. MacArthur

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|                                                                   | Fee    | Small Entity Fee |
|-------------------------------------------------------------------|--------|------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130  | \$65 \$ 130.00   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$490  | \$245 \$         |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1110 | \$555 \$         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1730 | \$865 \$         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2350 | \$1175 \$        |

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ attorney or agent of record. Registration Number 29,211☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34  
Signature

December 15, 2008

Date

Carl Schaukowitch  
Typed or printed name(202) 955-3750  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 form is submitted.

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i>                                    |                                                                                                                                           | <b>Docket Number (Optional)</b><br>KKH-0034                                                                                  |                         |
| <b>Application Number</b> 10/520,406-Conf. #5490                                                                                                                                                      |                                                                                                                                           | <b>Filed</b> January 6, 2005                                                                                                 |                         |
| <b>For</b> PROCESSING APPARATUS AND PROCESSING METHOD                                                                                                                                                 |                                                                                                                                           |                                                                                                                              |                         |
| <b>Art Unit</b> 1792                                                                                                                                                                                  |                                                                                                                                           | <b>Examiner</b> S. R. MacArthur                                                                                              |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                |                                                                                                                                           |                                                                                                                              |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                       |                                                                                                                                           |                                                                                                                              |                         |
|                                                                                                                                                                                                       |                                                                                                                                           | <u>Fee</u>                                                                                                                   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>                                                                                                                                                                   | One month (37 CFR 1.17(a)(1))                                                                                                             | \$130                                                                                                                        | \$65 \$ 130.00          |
| <input type="checkbox"/>                                                                                                                                                                              | Two months (37 CFR 1.17(a)(2))                                                                                                            | \$490                                                                                                                        | \$245 \$                |
| <input type="checkbox"/>                                                                                                                                                                              | Three months (37 CFR 1.17(a)(3))                                                                                                          | \$1110                                                                                                                       | \$555 \$                |
| <input type="checkbox"/>                                                                                                                                                                              | Four months (37 CFR 1.17(a)(4))                                                                                                           | \$1730                                                                                                                       | \$865 \$                |
| <input type="checkbox"/>                                                                                                                                                                              | Five months (37 CFR 1.17(a)(5))                                                                                                           | \$2350                                                                                                                       | \$1175 \$               |
| <input type="checkbox"/>                                                                                                                                                                              | Applicant claims small entity status. See 37 CFR 1.27.                                                                                    |                                                                                                                              |                         |
| <input type="checkbox"/>                                                                                                                                                                              | A check in the amount of the fee is enclosed.                                                                                             |                                                                                                                              |                         |
| <input type="checkbox"/>                                                                                                                                                                              | Payment by credit card. Form PTO-2038 is attached.                                                                                        |                                                                                                                              |                         |
| <input checked="" type="checkbox"/>                                                                                                                                                                   | The Director has already been authorized to charge fees in this application to a Deposit Account.                                         |                                                                                                                              |                         |
| <input checked="" type="checkbox"/>                                                                                                                                                                   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013. |                                                                                                                              |                         |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.               |                                                                                                                                           |                                                                                                                              |                         |
| I am the                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                  | applicant/inventor.                                                                                                          |                         |
|                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|                                                                                                                                                                                                       | <input checked="" type="checkbox"/>                                                                                                       | attorney or agent of record. Registration Number 29,211                                                                      |                         |
|                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                      |                         |
| Signature                                                                                                                                                                                             |                                                                                                                                           | Date                                                                                                                         |                         |
| Carl Schaukowitch                                                                                                                                                                                     |                                                                                                                                           | December 15, 2008                                                                                                            |                         |
| Typed or printed name                                                                                                                                                                                 |                                                                                                                                           | (202) 955-3750                                                                                                               |                         |
|                                                                                                                                                                                                       |                                                                                                                                           | Telephone Number                                                                                                             |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                                                                                                                           |                                                                                                                              |                         |
| <input type="checkbox"/>                                                                                                                                                                              | Total of 1 form is submitted.                                                                                                             |                                                                                                                              |                         |